



**METROPOLITAN DEVELOPMENT COMMISSION
METROPOLITAN BOARD OF ZONING APPEALS
HEARING OFFICER
OF MARION COUNTY, INDIANA**

Docket No: _____

DMD use only

◆ **PETITION** ◆

Please complete legibly.

Address of Subject Property: _____

Petitioner(s) Name: _____

Phone: _____

Address of Petitioner: _____

FAX: _____

Zip Code: _____

Email: _____

Owner(s) Name: _____

Phone: _____

Address of Owner: _____

FAX: _____

Zip Code: _____

Email: _____

Request is for (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Variance of Use | <input type="checkbox"/> Variance of Development Standards |
| <input type="checkbox"/> Regional Center Approval | <input type="checkbox"/> Appeal of Administrator's Decision |
| <input type="checkbox"/> Modification of Site Plan | <input type="checkbox"/> Modification of Commitments or Conditions |
| <input type="checkbox"/> Approval of Use in Special District | <input type="checkbox"/> Approval of Development Plan in Special District |
| <input type="checkbox"/> Modification of Development Statement | |
| <input type="checkbox"/> Special Exception for: _____ | |
| <input type="checkbox"/> Rezoning of the Primary Classification to: _____ | |
| <input type="checkbox"/> Rezoning of the Secondary Classification to: _____ | |

Legal Description (check one):

☐ Complete Metes & Bounds legal description attached.

☐ Platted site within a recorded subdivision, copy of plat map attached.

Subdivision Name: _____

Lot Number(s): _____ Section Number(s): _____

Recorded in Plat Book number: _____ page(s): _____

or recorded as Instrument Number: _____ in the Marion County Recorder's Office.

Does the petitioner **own** one hundred percent (100%) of the area involved in the petition (yes or no)? _____

Tax Parcel Numbers: _____

Acreage: _____ **Township(s):** _____

Continued

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◆ PETITION - - PAGE TWO ◆

Is this property the subject of any **code enforcement** action (yes or no)? _____

Was this property the subject of any **previous petition** (yes or no)? _____

If yes, list the previous petitions' docket number(s): _____

Current **Primary Zoning** Classification: _____ Current **Secondary Zoning** Classification: _____

Current **Comprehensive Plan** recommendation: _____

Existing Use of the Subject Property: _____

Existing Improvements on the Subject Property: _____

Provide a **detailed description** of the proposal. Attached additional pages or documentation if necessary.

Specify any **specific ordinance(s)**, standard(s), condition(s), commitment(s), and/or regulation(s) sought to be modified. Attached additional pages or documentation if necessary.

Oath: The above information, to my knowledge and belief, is true and correct.

Signature(s) of Petitioner(s)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this _____
day of _____, 20 _____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____

/PET4ALLa-2006 2/11/08

Signature(s) of Owner(s) (if different than petitioner)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this _____
day of _____, 20 _____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____